

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) WAIVER SERVICE CODES & REIMBURSEMENT**  
**2/08**

HOME-BASED THERAPY							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA
H2021 UA	Community-Based Wrap-Around Services, Per 15 Minutes, Waiver Service	28	fee schedule	\$29.00	006	016	Y
H2022 UA	Community Wrap-Around Service, Per Diem, Waiver Service (use for meetings)	28	fee schedule	\$30.00	006	016	Y
RESPITE							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA
S5150 UA	Unskilled Respite Care, Not Hospice; Per 15 Minutes, Waiver Service	28	fee schedule	4.50	006	016	Y
S5151 UA	Unskilled Respite Care, Not Hospice; Per Diem, Waiver Service	28	fee schedule	\$200.00	006	016	Y
EDUCATION & SUPPORT							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA
G0177 UA	Training & Education Services Related To Care & Treatment Of Disabling Mental Health Problems, Waiver Service	28	fee schedule	\$75.00	006	016	Y
NON-MEDICAL TRANSPORTATION							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA
S0215 UA	Non-Emergency Transportation; Mileage Per Mile, Waiver Service	28	fee schedule	\$0.22	006	016	Y
CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA
90899 UA	Telephone Call TO A PSYCHIATRIST By A Physician or Mid-Level Practitioner For Consultation; Waiver Service	28	fee schedule	\$120.00 (psychiatrist) \$80.00 (physician or mid-level)	006	016	Y
CUSTOMIZED GOODS & SERVICES							
Code – Modifier	Description	PT	Payment Method	RATE	Min Age	Max Age	PA
T1999 UA	Therapeutic items and supplies, not otherwise classified, waiver service	28	fee schedule	\$200.00	006	016	Y

KEY
Per Diem = daily
UA = waiver service
PA = prior authorization required
PT = provider type (28 = waiver)